

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032821

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 179

Primary Registration District No. 5667

Registrar's No. 128

STATE FILE NUMBER

FILED AUG 29 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

## 1. PLACE OF DEATH

a. COUNTY

Lincoln

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Bedford Twp.

Length of stay in 1b  
4 hrs.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Lincoln County Memorial Hospital

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Cole

c. CITY  
OR TOWN

Jefferson City

Inside Limits  
Yes ☐ No ☐d. STREET  
ADDRESS(If outside, give location)  
823 West High St.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
La Vega

Middle

Robert

Last

Shelton

4. DATE  
OF DEATH

Month

Day

Year

August 10, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-26-1896

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR  
Hours10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Auditor

10b. KIND OF BUSINESS OR INDUSTRY

State government

11. BIRTHPLACE (City and state or country)

Dixon, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

George W. Shelton

13b. MOTHER'S MAIDEN NAME

Corra Rhea

14. NAME OF HUSBAND OR WIFE

Margerie Shelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT

Margerie Shelton 823 West High St.  
Jefferson City, Mo.18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Irreversible Shock

INTERVAL BETWEEN  
ONSET AND DEATH

30 min.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Myocardial Infarction

3 1/2 hrs.

DUE TO (c)

Shock due to multiple traumatic injuries. 4 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Automobile Accident

20c. TIME OF  
INJURY

Hour

Month, Day, Year

11:20 a.m. Aug. 10, 1963

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

Hwy 61-40

20f. CITY, TOWN, OR LOCATION

35 mi. South of Wentzville St. Charles Mo

COUNTY

St. Charles

STATE

Mo

21. I attended the deceased from  
Death occurred at

8-10-63 to 8-10-63 and last saw him alive on 8-10-63

P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Louis P. Helgeson M.D.

22b. ADDRESS

Troy, MO

22c. DATE SIGNED

8/27/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

23b. DATE

8-10-63

23c. NAME OF CEMETERY OR CREMATORY

Unknown

23d. LOCATION (City, town, or county)

Unknown

(State)

24. FUNERAL DIRECTOR

Pitman Funeral Homes, Wentzville, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

8-27-1963

26. REGISTRAR'S SIGNATURE

Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Joseph F. March Jr*

Licensed Embalmer No. 5105

P. O. Address Trop Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.